

<b>CLAIMS ONLY</b>  <div style="text-align: center; font-size: 1.2em;">8.11.06</div>				Application Number <div style="font-size: 1.5em; font-family: cursive;">10789819</div>		Filing Date 	
				Applicant(s)			
				* May be used for additional claims or amendments			

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
Total Claims						

	8.11.06			
	Indep	Depend	Indep	Depend
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